

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Alpaugh Joint Powers Authority		Organizational Unit: N/A
Address (give city, county, State, and zip code): P.O. Box 262 Alpaugh, CA 93201		Name and telephone number of person to be contacted on matters involving this application (give area code) Paul Boyer, Self-Help Enterprises (559) 651-1000 ext. 681
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03 - 0516513		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin-left: auto;">G</div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">10 - 760</div> TITLE: Water & Waste Disposal Systems for Rural Comm.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alpaugh Water System Rehabilitation Project. Drill new well. Install water treatment, storage, and pressure facilities. Replace portions of water distribution system.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Alpaugh and surrounding area, Tulare County, California.		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED OCT 10 2003 STATE CLEARING HOUSE </div>
13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th - Devin Nunes b. Project 20th- Devin Nunes	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1,933,000 ⁰⁰	
b. Applicant	\$ ⁰⁰	
c. State	\$ 2,100,000 ⁰⁰	
d. Local	\$ ⁰⁰	
e. Other	\$ ⁰⁰	
f. Program Income	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL	\$ 4,033,000 ⁰⁰	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Rick Sroka		b. Title Chairman
c. Telephone Number (559) 949-8199		e. Date Signed 9-12-03
d. Signature of Authorized Representative 		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/8/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Colusa Regional Medical Center Address (give city, county, state, and zip code): 199 E. Webster Street Colusa, CA 95932	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Robert Longman (916) 447-9832 ext. 141
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6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">7</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">8</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; text-align: center;">N</div> <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) Nonprofit</td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) Nonprofit
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify) Nonprofit														

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in ☐ ☐

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

9. NAME OF FEDERAL AGENCY:
USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">7</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hospital expansion to construct 13,448 sq. ft. of Medical office space
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Colusa, Colusa County, CA

13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2	b. Project 2
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15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/8/2003 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 3,000,000 .00	
b. Applicant	\$ 14,250 .00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. Total		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input type="checkbox"/> NO
g. Total		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Robert Longman	b. Title Loan Officer	c. Telephone Number (916) 447-9832 ext. 141
d. Signature of Authorized Representative 		e. Date Signed 8/8/2003

* Submitted by guaranteed lender
 Rural Community Assistance Corporation


OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 3, 2003	Applicant Identifier																					
		3. DATE RECEIVED BY STATE State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier																						
5. APPLICANT INFORMATION																								
Legal Name: California Department of Fish and Game Address (give city, county, State, and zip code): 1807 13th Street, Suite 202 Sacramento, CA 95814		Organizational Unit: Wildlife and Habitat Data Analysis Branch Name and telephone number of person to be contacted on matters involving this application (give area code): Kevin Hunting (916) 324-9265																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">A</div>																						
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: National Marine Fisheries Service																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Coastal Services Center 11-473		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GIS and analytical tool development support for Calfish; a web-based data storage, management, and retrieval system for California.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Primarily Coastal California		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10/03/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
13. PROPOSED PROJECT Start Date 1/1/04 Ending Date 12/31/05																								
14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">77,308</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">77,308</td> </tr> </table>		a. Federal	\$	77,308	b. Applicant	\$	0	c. State	\$	0	d. Local	\$	0	e. Other	\$	0	f. Program Income	\$	0	g. TOTAL	\$	77,308	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Federal	\$	77,308																						
b. Applicant	\$	0																						
c. State	\$	0																						
d. Local	\$	0																						
e. Other	\$	0																						
f. Program Income	\$	0																						
g. TOTAL	\$	77,308																						
a. Type Name of Authorized Representative Thomas Lupo		b. Title Chief, Wild. and Habitat Data Anal.																						
d. Signature of Authorized Representative		c. Telephone Number (916) 324-6906 e. Date Signed 10/3/2003																						

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 2, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-49-AE	
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA		Amendment #11			
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Organizational Unit: Department of Fish and Game			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> E <input type="checkbox"/> B		7. TYPE OF APPLICANT (enter appropriate letter): A A. State B. Independent School Dist. C. State Controlled Instruction of Higher Learning D. Private University E. Individual F. Profit Organization G. Other (Specify): Revision in components			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aquatic Resource Education Program. Amendment #11 requests a revision to the 5-year grant proposal. Included is the \$695,000 decrease in funding - redirected to F-111-E grant.			
13. PROPOSED PROJECT: Start Date: 07/01/01 Ending Date: 06/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: 99			
15. ESTIMATED FUNDING: a. Federal: \$5,394,829.25 b. Applicant: c. State: \$1,798,209.75 d. Local: e. Other: f. Program Income: g. TOTAL: \$7,192,839.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Oct 8, 2003 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative 		e. Date Signed 10/8/03			
Approved for the Secretary of the Interior Signature: _____		Title: _____		Date: _____	

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Standard Form 424 (REV 4-85)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8-29-03	Applicant Identifier R.R. WALKER
		3. DATE RECEIVED BY STATE	State Application Identifier RCH # 05-2003-054 Approved 9/25/03
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier MS RCH #304
5. APPLICANT INFORMATION			
Legal Name: United Health Centers of the San Joaquin Valley Inc.		Organizational Unit:	
Address (give city, county, state, and zip code): 628 Zediker Ave Parlier, CA 93648		Name and telephone number of person to be contacted on matters involving this application (give area code): Dick Walker 559-646-6660 x2	
6. EMPLOYER IDENTIFICATION (EIN): 94-2512284		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) NON PROFIT </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">N</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">RECEIVED OCT 8 2003</div>		9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of Health Clinic in Kerman, CA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kerman, Fresno, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
	7/1/05	19 - Radanovich	19 - Radanovich
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal CF LOW	\$ 794,100 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: NO Preapplication DATE _____	
b. Applicant	\$ 718,500.00 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other REAC GUARANTEED LOW	\$ 2,273,490 .00	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
f. Program Income	\$.00		
g. Total	\$ 3,786,090 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert Harless		b. Title Chief Executive Officer	c. Telephone Number 559-646-6668
d. Signature of Authorized Representative <i>Robert Harless</i>		e. Date Signed Aug 25, 2003	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED October 2, 2003		Applicant Identifier	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Department of Parks and Recreation			Organizational Unit: North Coast Redwoods District		
Address (give city, county, State, and zip code): PO Box 2066, 3431 Fort Avenue Eureka, CA 95502			Name and telephone number of person to be contacted on matters involving this application (give area code): Patrick Vaughan (707) 445-6547, ext. 24		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			7. TYPE OF APPLICANT: (enter appropriate letter in box) A		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Coastal Service Center			9. NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte, Humboldt, Mendocino counties, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Geomorphic, Habitat & Coastal GIS Mapping with Applications to Recovery of Snowy Plover & Restoration of Beach and Dune Dynamics in California State Parks, Northwestern California		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date 3/1/04	Ending Date 12/31/05	a. Applicant 1	b. Project 1		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	75,589	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10/3/03		
b. Applicant	\$	17,267	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	92,856			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative John Kolb		b. Title Superintendent		c. Telephone Number 707 445-6547, ext. 11	
d. Signature of Authorized Representative				e. Date Signed 10/3/03	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/16/2003		Application Identifier A-009869-04																						
		3. DATE RECEIVED BY STATE 3. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier Approved RCY 05-2003-052 9/25/03 Federal Identifier #A-009869-04 MS																						
5. APPLICANT INFORMATION																										
Legal Name: San Joaquin Valley Unified Air Pollution Control District			Organizational Unit: Administration																							
Address (give city, county, state and zip code): 1990 East Gettysburg Avenue Fresno, California 93726-0244			Name of Telephone number of person to contacted on matters involving this application (give area code) Roger W. McCoy, Director of Administrative Services (559) 230-6020																							
6. EMPLOYER IDENTIFICATION (EIN): 77-0262563			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School District</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other Specify: _____</td> </tr> </table>			A. State	H. Independent School District	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other Specify: _____							
A. State	H. Independent School District																									
B. County	I. State Controlled Institution of Higher Learning																									
C. Municipal	J. Private University																									
D. Township	K. Indian Tribe																									
E. Interstate	L. Individual																									
F. Intermunicipal	M. Profit Organization																									
G. Special District	N. Other Specify: _____																									
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <u>New</u> Continuation Revision </div> If Revision, enter appropriate letter (s) <table style="width:100%; font-size: x-small;"> <tr> <td>A. Increase Awarded</td> <td>B. Decrease Award</td> </tr> <tr> <td>B. Increase Duration</td> <td>C. Decrease Duration</td> </tr> </table> Other Specify: _____			A. Increase Awarded	B. Decrease Award	B. Increase Duration	C. Decrease Duration	9. NAME OF FEDERAL AGENCY: <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 03 2003 </div>																			
A. Increase Awarded	B. Decrease Award																									
B. Increase Duration	C. Decrease Duration																									
10. CATALOG OF FEDERAL ASSISTANCE NUMBER: <u>66</u>.606 Title: Air Pollution Control Program Support (103)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Joaquin Valley Air Pollution Control Program (Air Pollution Control Program FY-04)																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, etc.): Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare Counties in California			<div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>																							
PROPOSED PROJECT: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:30%;">Start Date</td> <td style="width:30%;">End Date</td> </tr> <tr> <td>10/1/2003</td> <td>9/30/2004</td> </tr> </table>		Start Date	End Date	10/1/2003	9/30/2004	14. CONGRESSIONAL DISTRICT OF: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:50%;">a. Applicant:</td> <td style="width:50%;">b. Project:</td> </tr> <tr> <td>16</td> <td>Same</td> </tr> </table>				a. Applicant:	b. Project:	16	Same													
Start Date	End Date																									
10/1/2003	9/30/2004																									
a. Applicant:	b. Project:																									
16	Same																									
15. Estimated Funding: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">\$1,929,785.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>6,192,365.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>\$8,122,150.00</td> </tr> </table>		a. Federal	\$	\$1,929,785.00	b. Applicant	\$	6,192,365.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. Total	\$	\$8,122,150.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <u>DATE: 07/16/2003</u> b. NO. PROGRAM IS NOT COVERED BY E.O. 12372			
a. Federal	\$	\$1,929,785.00																								
b. Applicant	\$	6,192,365.00																								
c. State	\$	0.00																								
d. Local	\$	0.00																								
e. Other	\$	0.00																								
f. Program Income	\$	0.00																								
g. Total	\$	\$8,122,150.00																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES If "Yes" attach an explanation. No																								
a. Typed Name of Authorized Representative. David L. Crow		b. Title: Executive Director A.P.C.O...		c. Telephone Number (559) 230-6000																						
d. Signature of Authorized Representative 		c. Date Signed 7/16/2003																								

Previous Editions not usable

Standard Form 424A (Rev 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 7, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Seneca Healthcare District Address (give city, county State, and zip code): 130 Brentwood Drive P.O. Box 737 Chester, CA 96020		Organizational Unit: Special District Name and telephone number of person to be contacted on matters involving this application (give area code): Rosellen Bonney, Grant Writer (530) 258-3330 or Message (530) 258-3118
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 1 3 2 2 2 0 0 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">G</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> A. Increase Award B. Decrease Award C. Increase Duration </div> <div style="margin-top: 5px;"> D. Decrease Duration Other (specify): _____ </div>	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture Rural Development
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER. <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">7 6 6</div> </div>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Generator for Lake Almanor Clinic <div style="border: 2px solid black; padding: 10px; margin-top: 10px; text-align: center;"> RECEIVED OCT 02 2003 </div>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chester, Plumas County, California	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 11/01/2003 Ending Date: 05/31/2004	a. Applicant: Congressional District 4 b. Project: Congressional District 4

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 64,500.00	
b. Applicant	\$ 10,500.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
9. TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Raymond H. Marks	b. Title Chief Executive Officer	c. Telephone Number (530) 258-2067
d. Signature of Authorized Representative 		e. Date Signed 8-7-03

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Alpaugh Joint Powers Authority Address (give city, county, State, and zip code): P.O. Box 262 Alpaugh, CA 93201		Organizational Unit: N/A Name and telephone number of person to be contacted on matters involving this application (give area code): Paul Boyer, Self-Help Enterprises (559) 651-1000 ext. 681
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03-0516513	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ </div> </div>		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: Water & Waste Disposal Systems for Rural Comm.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alpaugh Water System Rehabilitation Project. Drill new well. Install water treatment, storage, and pressure facilities. Replace portions of water distribution system.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Alpaugh and surrounding area, Tulare County, California.		

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 20th - Devin Nunes	b. Project 20th- Devin Nunes

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1,933,000 ⁰⁰	
b. Applicant	\$ ⁰⁰	
c. State	\$ 2,100,000 ⁰⁰	
d. Local	\$ ⁰⁰	
e. Other	\$ ⁰⁰	
f. Program Income	\$ ⁰⁰	
g. TOTAL	\$ 4,033,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Rick Sroka	b. Title Chairman	c. Telephone Number (559) 949-8199
d. Signature of Authorized Representative 		e. Date Signed 9-12-03